



Texas Department of Licensing and Regulation
P.O. Box 12057 • Austin, Texas 78711-2057
(800) 803-9202 • (512) 463-6599 • FAX (512) 463-1512
www.tdlr.texas.gov • education@tdlr.texas.gov

APPLICATION FOR:

LASER HAIR REMOVAL TRAINING PROGRAM

PURSUANT TO TITLE 16, OCCUPATIONS CODE, CHAPTER 118

DO NOT WRITE ABOVE THIS LINE

This form must be completed and accompanied by all required documents.

1. **Provider Name:**

2. **DBA Name:** (if applicable)

3. **Provider Phone Number:**

4 **Fax Number:**

Area Code Number

Area Code Number

5. **Email Address:**

(Ex: johnndoe@aol.com)

6 **Mailing Address:**

(P.O. Box, Number, Street Name/Apartment Number)

City

State

Zip Code

7. **Physical Address** (PO box cannot be used for this address – address where records will be stored):

(Number, Street Name/Apartment Number)

City

State

Zip Code

8. **Type of Ownership:**

☐

Limited Liability Partnership (LLP)

☐

Limited Partnership (LP)

☐

Partnership

☐

Limited Liability Company (LLC)

☐

Corporation

☐

Sole Owner/Proprietorship

9. **Federal Employer ID Number or SSN** (if sole proprietor):

10. **Laser Safety Officer (LSO):**

Email:

11. **LSO Business Mailing Address** (not residence):

Mailing Address (P.O. Box, Number, Street Name/Apartment Number, City, State and Zip code)

***I hereby accept the responsibilities of Laser Safety Office in accordance with 16 TAC §118**

Signature of Laser Safety Officer

Print Name

Date



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REQUIRED DOCUMENTAION WHICH MUST BE SUBMITTED WITH APPLICATION

- A course syllabus, including topics covered and time allotted for each topic.
- A list of instructors and qualifications of instructors.
- Provide verification that exam(s) are administered to assess the student's knowledge of material presented and include the rate or proportion of each required topic in 16 TAC §118.
- Provide the criteria for successful completion of the course (require at least a 70%).
- A copy of the certificate that will be issued upon successful completion of the training program.
- Provide verification that the training program is in compliance with applicable state laws, including Texas Education Code, Chapter 132. (provide documentation from the Texas Workforce Commission that the training program has either a certificate of approval or is exempt)

STATEMENT OF APPLICANT

I certify that I am authorized and will comply with all applicable provisions of the Laser Hair Removal Act; Texas Occupation Code, Chapter 401 and Chapter 51; and the Laser Hair Removal Program Administrative Rules; 16 Texas Administrative Code, Chapter 118. I understand that providing false information on this application may result in denial of this application and/or revocation of the approval I am requesting and the imposition of administrative penalties.

Signature of Owner

Date